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ABORTION

BY

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THE human female has probably been subject to abortion since shortly after the origin of man, and it has no doubt been a greater factor in the cause of feminine suffering than the original sin.

As an etiological factor in pelvic disease it yields the palm only to that elusive little coccus of Neisser.

Hippocrates and Celsus not only recognized the frequency of abortion, but observed it to be more dangerous than normal child-birth.

In the succeeding centuries we find little written about the condition and less improvement in its treatment. Even up to a quarter of a century ago the real danger in such cases seems not to have been appreciated and at the present time, we are ignorant of the exact etiology of the premature expulsion from the uterus of the products of conception in all cases and much of such information as we have is purely empirical.

As, where many remedies are used in a given disease it is evidence that we have none, so, where so many causes for abortion are taught, it is evident that our information is not definite.

In this paper the writer will consider spontaneous abortion only: that is, those cases of the accidental expulsion of the ovum from the uterus before the complete formation of the placentæ, and hence at a time when it cannot be expelled or expressed in its entirety.

ETIOLOGY.

The responsibility for this accident may lie in the parental organism, in the ovum, or in both.

As to tuberculosis, alcoholism, extreme youth, old

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age, and excessive venery on the part of the father, being productive of abortion, through devitalized semen, I can only say that I have thus far been unable to assign any as a cause.

Of the effects of lead poisoning I know nothing. But I do know that syphilis in the father does not always produce abortion, and is not inconsistent with the birth of a perfectly healthy child.

The same diseases in the mother seem to be more potent factors, as the health of the mother is vital to the foetus in utero. Obesity seems to me to have a more important bearing on sterility than abortion.

Infectious diseases have a stronger relation to the destruction of the foetus; this may be due to the extreme toxicity of the maternal blood or more directly to the extreme temperature of the mother.

Just what is the cause of an abortion in the course of some constitutional disturbances is not known. Where a syphilitic mother aborts, no syphilitic lesions can be demonstrated in the ovum or membranes, and long anti-luetic treatment of the woman will not prevent subsequent abortions.

Almost every morbid condition found within the body of an aborting woman seems to have been assigned a causative relation to it. These range from various circulatory disturbances to those indefinite psychic ones.

Trauma alone plays a very minor, if any, role in the production of abortion. One woman may abort after a mis-step, another will fall off of a house without disturbing the foetus to any great extent.

Operations for the repair of lacerations of the cervix are done, and myomectomies performed frequently, without interfering with the pregnancy. I have never observed a hot douche or a manual manipulation of the pregnant uterus to produce an abortion. So it must be conceded that there is some other factor in the production than trauma alone.

Each and every pathological condition of the pelvic organs is given some credit as a producer of abortion.

Retroversion and retroflexion either per se or on account of the resultant edometrial congestion and change bear most of the blame, yet many pregnancies in such uteri go to full term; and the correction of such mal-

positions, with either pessary or operation does not prevent future abortions.

Endometritis, atrophy and hyperplasia of the endometrium, together with metritis, hypoplasia and hyperplasia of the metrium, are supposed by many to be the underlying cause, one or more, of the abortion. I think they are a shelter of high sounding terms under which we may cloak our ignorance of the truth. So far as I am able to learn we have an endometritis only with infection, as gonorrhoea, etc., and then pregnancy does not occur.

As for polypi and fibroid uteri, I have no doubt that they might become the cause of an abortion under certain circumstances, such as if the uterus became pregnant. I have been unable to find one case of abortion, though usually a late one.

Deep lacerations of the cervix, when they cripple the retaining power of the uterus will produce an abortion in a myomatous uterus.

I have never known of an amputation of the cervix to have been the cause of abortion directly. Adnexal disease must very rarely if ever produce contractions of the uterus or so interfere with the pregnancy as to bring it to an end. Some of the most marked cases of unilateral tubo-ovarian inflammation have become pregnant and gone to term, in the work of the author.

While certain causes of abortion are to be looked for in the ovum, they are of necessity few.

Hemorrhage into the chorion, or between the chorion and the decidua, due to trauma or perhaps to the enzymotic action of the cells of Langhans covering the villi on congested or sclerotic vessels of the deciduae; or the starving of the ovum owing to the failure of these same cells to secure sufficient nourishment from an under developed decidua. All of which is more maternal than foetal.

Many observers have found evidences of degeneration in the foetal membranes and adhesions between the foetus and amnion, but may not this be the result of something else, or the result and not the cause of the uterine disturbance?

One report has been made of smallpox of the foetus, causing death, the mother never having had the dis-

case, but I fear the doctor may have been mistaken in his diagnosis.

It is really very difficult to disturb a normal pregnancy. I have known of repeated efforts with the sound and catheter on the part of abortionists to interfere with the pregnancy, and the foetus go on growing.

There is also that form called "habit abortion," which has not been satisfactorily explained, or the blame placed.

Possibly in these cases there may be lacking in either the ovum or the spermatozoon, that as yet unexplained something, without which the fructified ovum is more or less unable to evolve into a normal child.

SYMPTOMS.

The diagnosis of abortion is fraught with little difficulty, though we must ever have in mind tubal gestation.

The cardinal symptoms are painful uterine contractions, bleeding, dilatation of the cervix and the local evidences of expulsion of the ovum.

The extent of cervical dilatation is a reliable guide as to whether the abortion is avoidable or not—considerable blood may escape from the cervix, but if there be no dilatation and the uterine contractions be weak and the pains slight, with special care of the patient she may not abort.

In these cases of threatened abortion the patient should be put to bed in a quiet room, and enough morphine hypodermatically or opium suppositories given to relieve the pain and quiet the patient, even to getting the full effect of the narcotic.

Very little food and very little else need be given. If the symptoms gradually subside all well and good, otherwise it should be treated as an inevitable abortion and the uterus cleaned out.

The two most immediate dangers are hemorrhage and infection, the later ones, chorio-epithelioma, metrorrhagia and subinvolution. Any method of treatment in inevitable abortion must have in view combatting these dangers and returning the patient to health with the least risk and inconvenience.

There are a few and a very few cases of abortion in

which the deciduae and ovum are thrown off in their entirety. These rare cases call for no interference.

And there can be no doubt that some show no bad effects when the deciduae are retained. But the doctrine of non-interference in incomplete abortion is a dangerous one, and no conscientious physician who appreciates the dangers to his patient can consistently follow it.

The first indication in an incomplete abortion, is the arrest of hemorrhage. This is best done with packing of sterile or iodoform gauze, with due care as to cleanliness; the vagina should be tightly packed and a T bandage applied to support it. This will usually arrest the bleeding and give the physician an opportunity to prepare for careful emptying of the uterus later. Some form of ergot should be given to insure firm contraction of the uterus and promote the loosening of the retained products as well as the dilatation of the cervix; the packing meanwhile acting as a counter pressure force.

On the second visit the patient should be put upon a table, anaesthetized and the parts prepared as for any vaginal operation. The legs should be drawn up in the lithotomy position, the gauze removed and vagina cleaned. Usually the remnant of the abortion will be found protruding from the cervix, and can be removed with a sweep of the gloved fingers of the operator. All shreds and pieces of tissue should be removed from the uterus with hand or curette, great care being taken to see that the uterine horns are clear of tissue.

Very hot irrigation of sterile water followed with an application of iodine or carbolic acid and glycerine to the interior of the uterus will usually stop all bleeding. If it still continues the cavity should be packed with sterile gauze, using some form of specula, when the cervix is well dilated and in the later weeks of abortion the writer finds nothing so good as a Kelly proctoscope, which facilitates greatly not only the application of medicaments but the rapid and thorough packing of a relaxed uterus.

The routine use of carbolic and glycerine to the inside of the uterus, and of frequent doses of ergotal, has always given satisfaction in the author's cases. It assures firm contraction of the uterus, preventing exten-

sion of infection through the lymphatics, lessens absorption and combats infection. Even in those cases where the uterine contents were sickening in their stench, there has been no bad results.

Involution of the uterus is more rapid and certain and the convalescence hastened.

The writer cannot agree with those who advocate an expectant plan of treatment, such as the packing and repacking of the cervix and vagina in the hope that nature will effect the clearing out of the retained membranes.

Few patients will refuse the quick and sure removal by currettage, when the importance of this method is explained to them—and since the object in view, that of removing all tissue from the uterus, is the same, why not do it at once and be through with it.

Only in one way can we be certain that the uterus is empty; even when bleeding has ceased and all other symptoms have passed. In one case, the writer removed from the horn of a uterus a piece of placental tissue the size of a child's thumb, which had remained for two years, after an incomplete abortion. During those two years and up to six weeks before the operation, when metrorrhagia began, the patient had been perfectly well and entirely free from any symptoms.

Dr. Caturani has removed five uteri for chorio-epithelioma, following neglected cases of incomplete abortion. The frequency of such cases must be greater than a survey of the literature would indicate.

It might seem advisable that we give more careful study to the etiology of abortion that in the end we may have more definite knowledge of the causation in individual cases.

"As every case of disease is a menace to your own health, and in the final analysis a drain on your pocketbook, it is incumbent upon you, as a policy of economy, to provide and maintain hospitals for the care of your sick.

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